FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25875 (6)

1. Corporation Name

DESIGN HORIZONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
520 W ERIE STE 230 CHICAGO IL 60610	520 W ERIE STE 230 CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1989

3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 36-3596104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, CARL	1.2 NAME	
STREET ADDRESS	1420 KENSINGTON ROAD	1.3 STREET ADDRESS	1520 Kensington Road
CITY-ST-ZIP	OAK BROOK IL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☒ Change ☐ Addition
NAME	BUTLER, JORIE FORD	2.2 NAME	
STREET ADDRESS	1420 KENSINGTON ROAD	2.3 STREET ADDRESS	1520 Kensington Road
CITY-ST-ZIP	OAK BROOK IL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	SHOBER, JORIE BUTLER	3.2 NAME	
STREET ADDRESS	1420 KENSINGTON ROAD	3.3 STREET ADDRESS	1520 Kensington Road
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	KENT, GEOFFREY J.W.	4.2 NAME	
STREET ADDRESS	1420 KENSINGTON ROAD	4.3 STREET ADDRESS	1520 Kensington Road
CITY-ST-ZIP	OAK BROOK IL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☒ Change ☐ Addition
NAME	WEBER, DAVID M. (ASST.)	5.2 NAME	
STREET ADDRESS	1420 KENSINGTON ROAD	5.3 STREET ADDRESS	1520 Kensington Road
CITY ST ZIP	OAK BROOK IL	5.4 CITY ST ZIP	
TITLE	S	6.1 TITLE	☒ Change ☐ Addition
NAME	COOKE, NORMA (ASST.)	6.2 NAME	
STREET ADDRESS	1420 KENSINGTON ROAD	6.3 STREET ADDRESS	1520 Kensington Road
CITY ST ZIP	OAK BROOK IL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl A. Miller PRESIDENT 4.15.95 (407) 234-8001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Carl Miller, President

0400230 FP